

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS
ANW CENTER FOR OUTPATIENT CARE LAB
8100 WEST 78TH STREET SUITE 110
EDINA, MN 55439

CLIA ID NUMBER
24D0938317

EFFECTIVE DATE
02/19/2018

LABORATORY DIRECTOR
GARY T COPLAND M.D.

EXPIRATION DATE
02/18/2020

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Karen W. Dyer
Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

199 Certs2_012318

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
URINALYSIS (320)	01/08/2017
HEMATOLOGY (400)	01/08/2017

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
---------------------------------	-----------------------



ID Number: 24D0938317
CENTER FOR OUTPATIENT CARE LAB
LABORATORY
WEST 78TH STREET SUITE 110
A, MN 55439

AGENCY ADDRESS AND PHONE NUMBER:

DEPARTMENT OF HEALTH
LICENSING & CERTIFICATION SECTION CLIA PROGRAM
WEST DIVISION STREET SUITE 212
ST CLOUD, MN 56301
201-4120

DRY MAILING ADDRESS: